

INSTRUCTIONS FOR REQUESTING TO DONATE ANNUAL LEAVE

General Requirements relating to leave donations:

1. You may donate to any approved USDA leave recipient except your immediate supervisor.
2. You may donate earned, available annual leave only. Sick leave may not be donated.
3. Except under unusual circumstances, your total donations for the leave year may not exceed one half of the amount of annual leave you accrue in that leave year, (see Form AD-1043 for what your limit is based on your leave category).
4. Except under unusual circumstances, if you have annual leave subject to forfeiture at the end of the leave year, you may donate no more hours of annual leave than there are hours left in the leave year for which you are scheduled to work. For example, if in the last pay period of the leave year, you wanted to donate annual leave and you were scheduled to be on leave for 24 hours and off for a holiday for 8 hours, you would only be able to donate 48 hours of annual leave, (80 hours minus 32 hours = 48 hours).

To donate leave complete Form AD-1043, Leave Transfer Program - Donor Application and note the following:

1. We must have the name, address and telephone number of your timekeeper in blocks 8, 9 and 10. We need to know this to insure that the timekeeper receives the instructions from us on how to record your T&A report. Do not adjust the balances on your T&A until you or your timekeeper is notified that your donation was approved and you receive instructions.
2. You must designate a specific number of hours in block 11 and you must specify the employee who is to be the recipient of your leave donation in block 12.
3. Send completed form to:

Mindy Ashner or Cindy Hadlich
USDA, APHIS, MRP-MBS, LCT
Butler Square West, 5th Floor
100 North 6th Street
Minneapolis, MN 55403
Phone: (612) 370-2327 or (612) 370-2369
Fax: (612) 370-2082

LEAVE TRANSFER PROGRAM - DONOR APPLICATION

FOR PERSONNEL USE ONLY:
CASE NUMBER

INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L. 100-566. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

PART I - COMPLETED BY DONOR

1. NAME OF DONOR (Last, First, Middle Initial)		2. POSITION TITLE	
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL TITLE (Agency, Division, Branch Section)	
6. OFFICE ADDRESS			7. OFFICE TELEPHONE NO.
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER	

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 of the annual leave you will earn during this calendar year unless a waiver is approved. To request a waiver, you must attach a statement as to why your situation is unusual.

If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category,
- 78 hours for employees in the 6-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

- Limit for part-time employee = $13 \times \frac{\text{Duty hours in Pay Period}}{80} \times \text{leave earning category}$
- Limit for part-year employee = $\frac{\text{Number of Pay Periods to be worked}}{2} \times \text{leave earning category}$

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT	13. CASE NUMBER	14. SOCIAL SECURITY NUMBER OF RECIPIENT (if known)
15. ORGANIZATIONAL LOCATION OF RECIPIENT (Agency, Division, Branch, Section)		16. OFFICE ADDRESS OF RECIPIENT	
17. NAME OF LEAVE SHARE COORDINATOR	19. TELEPHONE NO. OF LEAVE SHARE COORDINATOR	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR	
Mindy Ashner/Cindy Hadlich	(612)370-2327/(612)370-2369	USDA, APHIS, MRP-MBS, HR 100 N. 6th Street, Butler Sq. 5th Floor Minneapolis, MN 55403	

CERTIFICATION OF VOLUNTARY DONATION: I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under my circumstances (including a medical emergency of my own) to have any of the donated leave restored.

SIGNATURE OF DONOR	DATE
--------------------	------

PART II - AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE BALANCE (in hours)	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
--	-------------------------	---

APPLICATION APPROVED:

☐ **YES** (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effect Pay Period Number:)

☐ **NO** (state reason for disapproval)

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL	TITLE	OFFICE TELEPHONE NO.	DATE
---	-------	----------------------	------

PRIVACY ACT STATEMENT

§ U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.

AD-1043
(Rev. 4/89)